

SD Therap GER/CIR Guide



**DEPARTMENT OF HUMAN SERVICES;
DIVISION OF DEVELOPMENTAL
DISABILITIES**

ARSD 46:11:03:02

Updated 06/23/17

Critical Incident Reports

Administrative Rule 46:11:03:02



- The provider shall give verbal notice of any critical incident involving a participant to the division no later than the end of the division's next working day from the time the provider becomes aware of the incident.
- The provider shall submit a written critical incident report utilizing the division's online reporting system with **seven calendar days** after the initial notice is made.

Reportable CIRs



- The following must be reported as a critical incident:
 - Deaths
 - Life-threatening illnesses or injuries (ALL unplanned hospitalizations)
 - Alleged instances of abuse, neglect, or exploitations against or by any participant
 - Changes in health or behavior that may jeopardize continued services
 - Serious medication errors resulting in emergent medical treatment, hospitalization, or death
 - Illnesses or injuries that resulted from unsafe or unsanitary conditions
 - Any illegal activity involving a participant
 - Any use of physical, mechanical, or chemical intervention, not part of an approved plan.
 - Any bruise or injury resulting from the use of a physical, mechanical, or chemical intervention.
 - Any diagnosed case of a reportable communicable disease involving a participant
 - Any other critical incident as required by the division

Please refer to ARSD 46:11:03:02 for further information of required critical incident reports.

General CIR Information



- DDD will only review GERs marked as HIGH for CIR purposes. Please ensure the GER you are entering as a reportable CIR is marked as HIGH.
- Do not use the witness boxes within the GERs.
- A GER Resolution is now required to be submitted with ALL ANE allegations. This must be completed within 10 days of the verbal report to DD. See further slides.

Reporting Responsibility



- With any ANE call which comes to DDD, the program specialist will remind the caller that the other entity (CFCM or CSP) must also be notified of the incident.
- The CFCM will report an incident only when it occurs in CFCM support or if a person receives only CFCM supports.
- CIRs will largely be reported in the online system by CSP representatives. It is anticipated that there will be few CFCM CIRs in the system.
- Only one provider should be making mandatory reporting notifications, the provider who will be entering the CIR will call.

Reporting Responsibility Scenarios



- Scenario 1:

Sean reports to his CFCM that while he was at the group home, the DSP verbally abused him the night prior.

CFCM will contact CSP and CSP will report to DDD, mandatory report, notify parent/guardian, and write written report. CSP will complete the investigation and report findings. Openly share information with CFCM. CFCM will also verbally report to DDD as a layer of assurance, but not complete a written CIR.

- Scenario 2:

Matt is with his CFCM having a conversation at the park and CFCM witnesses perpetrators exploiting Matt financially.

CFCM will contact CSP to assure all parties are aware. CFCM will report to DDD, mandatory report, notify parent/guardian, and write written report. CFCM will complete the investigation and report findings. Openly share information with CSP.

Reporting Responsibility Scenarios



- Scenario 3:

Lila reports to her CFCM that while she was on a home visit, a family member sexually abused her.

CFCM will contact CSP and CFCM will report to DDD, mandatory report, notify parent/guardian (unless accused), and write written report. CFCM (though likely police in this instance) will complete the investigation and report findings. Openly share information with CSP.

- Scenario 4:

Sammi is hospitalized from her level 3 apartment setting due to a medical emergency. Her CFCM is made aware by the participant's parent.

CFCM will contact CSP to assure all parties are aware. As participant was in provider supports (residential) at time of hospitalization, CSP will report to DDD and write written report. Openly share information with CFCM.

Reporting Responsibility Scenarios



- Scenario 5:

Tomas reports to his CSP that while he was at work, his CFCM was observing and financially exploited him.

CSP will contact CFCM (supervisor or alternate CM) and CFCM entity will report to DDD, mandatory report, notify parent/guardian, and write written report. CFCM will complete the investigation and report findings. Openly share information with CSP. CSP will also verbally report to DDD as a layer of assurance, but not complete a written CIR.

- Scenario 6:

Jocelyn is incarcerated for criminal acts. Her CSP is made aware by the law enforcement entity.

CSP will contact CFCM to assure all parties are aware. CSP will report to DDD and write written report. Openly share information with CFCM.

Reporting Responsibility Scenarios



- Scenario 7:

Judd is mopping the hallway at his CSP while his CFCM is awaiting an appointment with him. A DSP verbally abuses Judd.

CFCM will contact CSP and CSP entity will report to DDD, mandatory report, notify parent/guardian, and write written report. CSP will complete the investigation and report findings. Openly share information with CFCM. CFCM will also verbally report to DDD as a layer of assurance, but not complete a written CIR.

- Scenario 8:

Hunter's sister called the CFCM to let her know that a DSP at a CSP has been reported for sexual abuse towards Hunter.

CFCM will contact CSP and CSP entity will report to DDD, mandatory report, notify parent/guardian, and write written report. CSP will complete the investigation and report findings. Openly share information with CFCM. CFCM will also verbally report to DDD as a layer of assurance, but not complete a written CIR.

Reporting Responsibility Scenarios



○ Scenario 9:

Angela's mother called the CSP to let her know that Angela's CFCM has been reported for financial exploitation.

CSP will contact CFCM and CFCM entity will report to DDD, mandatory report, notify parent/guardian, and write written report. CFCM will complete the investigation and report findings. Openly share information with CSP as warranted. CSP will also verbally report to DDD as a layer of assurance, but not complete a written CIR.

SD Incident Mapping



| SD Category | SD Sub Category | GER Event | Event Category | Event Sub-Category | Additional | SD Definition | GER Notification Level |
|--|---|---------------------|---|---------------------|-------------------------|---|------------------------|
| Death | Death | Death | Choose Death Cause: Medical Cause, Unexpected, Unexplained, Unanticipated | | Select body location | CSPs will need to report each death as a separate critical incident report. This is true even if a critical incident report regarding the circumstances that lead to the death as previously reported. | High |
| Life-threatening illnesses or injuries | Suicide Attempt | Other | Suicide | Attempt | | Examples include, but are not limited to: Suicide attempts, head injury with the loss of consciousness, intensive care unit treatment, emergency surgical procedures where the likelihood of death is high, choking incidents that require medical follow-up, victim of altercation resulting in severe injury, and any life threatening medical diagnosis. Illnesses/Injuries from alleged neglect or unsafe/unsanitary conditions would also be entered as Neglect or Potential Incident/Near Miss. | High |
| | Hospice | Other | Change of Conditions | | | | High |
| | Head injury with the loss of consciousness | Injury | Select injury type | Select injury cause | Injury Severity: Severe | | High |
| | Emergency Surgical procedures where the likelihood of death is severe | Other | Hospital | Admission | | | High |
| | Choking | Injury | Choking | Choose injury type | Injury Severity: Severe | | High |
| | Hospitalizations | Other | Hospital | Choose reason | | | High |
| | Life threatening medical diagnosis | Other | Change of Condition (Do NOT use Serious Illness) | | | | High |
| Any reportable communicable disease involving a participant | Other | Serious Illness | | | | A communicable disease, syndrome, or condition declared by the Department of Health to be dangerous to public health and reportable in accordance with Department of Health Administrative Rule 44:20 | High |
| Alleged instances of abuse, neglect, or exploitation against or by any participant | Abuse | Select "Abuse: Yes" | Select Abuse type: Physical, Sexual, Emotional, Verbal, Psychological, or other | | | CSPs will report all abuse, neglect, and exploitation allegations to the division. Abuse includes verbal, physical, sexual, and psychological abuse. | High |

SD Incident Mapping



| SD Category | SD Sub Category | GER Event | Event Category | Event Sub-Category | Additional | SD Definition | GER Notification Level |
|---|--|----------------------------------|--|---|------------|--|------------------------|
| | Neglect | Select "Neglect: Yes" | Select Neglect type: Neglect by Responsible Provider, Questionable Clinical Practice, or Other | | | | High |
| | Exploitation | Select "Exploitation: Yes" | Select Exploitation Type: Emotional, Financial, Sexual, Social, or Other | | | | High |
| | Corporal punishment, Exclusion, Denial of Food, or any other prohibited technique per SDCL 27-B-8-42 | Abuse | Civil Rights Violation | | | | High |
| | Victim of Theft | Other | Theft/Larceny Attempt | Victim | | | High |
| Changes in health or behavior that may jeopardize continued services | Missing Person | Other | AWOL/Missing Person | | | Examples include, but are not limited to: Missing person, behavior that led to severe altercations towards others, sexual contact with someone who is unable to or did not provide consent, severe self inflicted injury, inpatient psychiatric stays, and increase in behavioral issues. | High |
| | Behavior that led to severe altercations | Other | Behavioral Issue | | | | High |
| | | Other | Altercation | Individual/Individual Individual/Staff | | | High |
| | Sexual contact with someone who is unable to provide consent | Other | Assault | Victim OR Aggressor | | | High |
| | Severe self inflicted injury | Injury | Select Injury Type | Injury Cause: Self Injurious Behavior | | | High |
| | Inpatient psychiatric stays | Other | Hospital | Admission | | | High |

SD Incident Mapping



| SD Category | SD Sub Category | GER Event | Event Category | Event Sub-Category | Additional | SD Definition | GER Notification Level |
|--|-------------------------------|--|--------------------------|--------------------|------------|--|------------------------|
| | Increase in behavioral issues | Other | Behavioral Issue | | | | High |
| | Jeopardizing Personal Safety | Other | Behavioral Issue | | | | High |
| Serious medication errors | Serious medication errors | Medication Error | Select Error Type | Severity: 10 | | A serious medication error is the inappropriate administration of a medication to the participant by a CSP that results in emergency medical treatment, hospitalization, or death. | High |
| Any illegal activity that involves a participant in which there is law enforcement involvement (participant is alleged perpetrator of these types of alleged activity) | Allegation, no Charges | Possible Criminal Activity | | | | Examples include, but are not limited to: arrests, incarceration, criminal court appearances/charges, illegal drug use, probation/parole violation and shoplifting. | High |
| | Other | Alcohol/Drug Abuse | | | | | High |
| | Other | Complaint and/or Possible Litigation | | | | | High |
| | Other | Law Enforcement Involvement | | | | | High |
| | Other | Theft/Larceny Attempt | | | | | High |
| Any use of physical, mechanical, or chemical intervention, not part of an approved plan, done improperly, etc. Need to identify if it is part of the plan or not. DO NOT USE WITNESS BOXES | Restraint Related to Behavior | Status: Emergency | Select Restraint Type(s) | | | Highly restrictive procedures include physical restraints, mechanical restraints, chemical restraints, use of time-out rooms (time-out rooms may only be used as part of an approved behavior support plan) and other techniques with similar degrees of restriction or intrusion, e.g. preventing egress from vehicles and/or rooms as described in ARSD. All highly restrictive procedures must receive due process through the agency's Human Rights Committee and Behavior Intervention Committee. | High |
| | Restraint Other | Select Restraint Type(s): Chemical, Mechanical, Physical, or Other | | | | | High |

SD Incident Mapping



| SD Category | SD Sub Category | GER Event | Event Category | Event Sub-Category | Additional | SD Definition | GER Notification Level |
|-------------|--|-----------------------|-------------------------|-----------------------|------------|--|------------------------|
| | Restraint Other | Select Restraint Type | | | | All highly restrictive procedures utilized that are part of or not part of an approved behavior intervention plan that result in bruising or injury to the person. Highly restrictive procedures include: physical restraints, mechanical restraints, chemical restraints, use of time-out rooms (time-out rooms may only be used as part of an approved behavior support plan) and other techniques with similar degrees of restriction or intrusion, e.g. preventing egress from vehicles and/or rooms as described in ARSD. All highly restrictive procedures must receive due process through the agency's Human Rights Committee and Behavior Intervention Committee. | High |
| | Injury | Injury Type: Bruise | Injury Cause: Restraint | | | | High |
| Altercation | Victim of Altercation | Other | Altercation | Individual/Individual | | | High |
| | Perpetrator of Altercation | Other | Threatening Behavior | Individual/Individual | | | High |
| | Victim of Altercation resulting in severe injury | Other | Altercation | Individual/Individual | | | High |
| | | Injury | Select Injury Type | Assault | Severe | | High |



Data Collection for All GER types

All areas with an asterisk are required

- Although this area does not have an asterisk and is not required, this information is helpful when describing the event. It is recommended that a brief summary of what happened before the event be entered.

Profile Information Jump to ?

Individual Name: Andrew Baxter
Program Name: Deadwood Day Program
Report Date:* 02/09/2017

Site Name: Deadwood Day Program
Time Zone: US/Mountain

Event Information Jump to ?

Event Date:* 02/09/2017

If not at responsible program: - Please Select - **If Other:**

Describe what happened before the event:

What was the antecedent?

About 3000 characters left

Location Address

☐ Same as program address

Street 1: **Street 2:**

City: **County:**

Country: - Please Select -

State: **ZIP:**

Phone: **Fax:**

Report Date = the date the GER/CIR was written

Event Date = the date the actual event occurred

Approval Date = the date the appointed person approves GER (within 7 calendar days of verbal report)

Data Collection for All GER types cont.

Page 2 of 2

All areas marked with an asterisk are required.

**DDD only reviews HIGH GERs for CIR purposes. Please ensure “Notification Level” is marked as HIGH if it is a reportable CIR. DDD staff can NOT see GER until Approved by appropriate party. **

General Information

Jump to ?

Abuse Suspected?:*

☐ Yes ☐ No

Type of Abuse:

- Please Select -

If Other:

Neglect Suspected?:*

☐ Yes ☐ No

Type of Neglect:

- Please Select -

If Other:

Exploitation Suspected?:*

☐ Yes ☐ No

Type of Exploitation:

- Please Select -

If Other:

Notification Level:*

- Please Select -

Reported By:*

Amundson, Cassandra / Administrator

If Other:

Reporter's Relationship to Individual:*

- Please Select -

If Other:

Notification

Jump to ?

| Person/Entity Notified | Name | Date | Notified By | Method of Notification | Remove |
|------------------------|------|------|-------------|------------------------|--------|
|------------------------|------|------|-------------|------------------------|--------|

Add Notification Info

- Add all parties that were notified of the incident under “Add Notification Info” (i.e. family, guardian, DD staff, police, etc.)
- When adding DDD staff/Program Specialist as person notified, the date entered for this is the date the verbal report was called in



Data Collection for ALL GER types

- Enter actions taken (i.e. Instructed Andrew to use more caution while in the house to prevent injury).

- Enter plan of future corrective actions (i.e. Keep hallways and walkway areas free of clutter and items that may cause hazard).

Check the box “I have reviewed this report” and add any additional comments in this section.

Attach any photos if necessary

Actions Taken or Planned

Jump to ?

Corrective Actions Taken:

About 3000 characters left

Plan of Future Corrective Actions:

About 3000 characters left

Review/Followup Comments

Jump to ?

☐ I have reviewed this report

Review Comments:

About 3000 characters left

Attach Photo

NONE

New Remove

External Attachment(s)

Jump to ?

The total size of all attachments cannot exceed 10 MB.

Add File

Scan File

ANE Reporting



- ALL allegations of ANE must be reported whether the CSP has internally determined the incident to be substantiated or not
- SDCL 22-46-7: Requires that reports of abuse, neglect, or exploitation be made verbally or in writing to the state's attorney's office OR the Child Protective Services with the Department of Social Services for children, Long Term Services and Supports with the Department of Human Services for adults OR to the law enforcement officer within 24 hours of the event
 - Contact your local CPS office or local LTSS office
 - Cassie Lindquist for LTSS at cassie.lindquist@state.sd.us (phone: 605-773-3656) for further questions.

ANE Reporting



Abuse Suspected?:* ☐ Yes ☐ No

Type of Abuse:

Neglect Suspected?:* ☐ Yes ☐ No

Type of Neglect:

Exploitation Suspected?:* ☐ Yes ☐ No

Type of Exploitation:

Notification Level:*

Reported By:*

If Other:

Reporter's Relationship to Individual:*

- Please Select -
- Civil Rights Violation
- Physical
- Sexual
- Emotional
- Psychological
- Verbal
- Other

- Please Select -
- Neglect by Responsible Provider
- Questionable Clinical Practice
- Other

- Please Select -
- Emotional Exploitation
- Financial Exploitation
- Sexual Exploitation
- Social Exploitation
- Other

ANE Reporting



- If an investigation is necessary, interview all persons involved and witnesses and place findings within the follow up section if information is not available at the time the GER is approved.

A screenshot of a web form titled 'Review/Followup Comments' in a yellow header bar. The form contains a checkbox labeled 'I have reviewed this report'. Below this is a text area labeled 'Review Comments:' with a character count 'About 3000 characters left' at the bottom right. At the bottom left is the label 'Attach Photo' and at the bottom center is a button labeled 'NONE'. A small blue 'N' is visible on the right side of the form.

Review/Followup Comments

☐ I have reviewed this report

Review Comments:

About 3000 characters left

Attach Photo

N

GER Resolution



- Follow the Therap guide for instructions on how to enter a New GER Resolution here:
<https://support.therapservices.net/documentation/individual-supports/ger-resolution/create-new-ger-resolution/>
- GER Resolutions must be completed for **ALL ANE GERs** to outline the investigation.
 - Substantiation information and notification of findings are to appear in the GER Resolution document.
 - Include
 - *Must have GER Resolution Edit role assigned to create GER Resolutions.*

GER Resolution

- GER must be entered first.

GER Resolution

[New](#) | [Unaddressed GERs](#) | [Open Resolutions](#) | [Search](#)

- Click unaddressed GERs and select your GER from the list.

| | Form ID | NL | |
|-----------------------|---------------------------|------|--|
| <input type="radio"/> | GER-LINK1SD-F6K4NVBXNAH74 | High | |

- Fill out all information in the form.

- It is the expectation of DDD that ANE allegations be marked as substantiated, unsubstantiated, or inconclusive at this time.

GER Resolution

Form ID: GERR-LINK1SD-F7558YNYMWR5L

GER Information

| | | | |
|--|---|----------------------------|------------|
| Individual Name: | Royce Alger, 000025 | Event Date: | 04/17/2017 |
| GER Form ID: | GER-LINK1SD-F6K4NVBXNAH74 | Approve Date: | 04/20/2017 |
| MIE Form ID: | The corresponding GER is not linked to an MIE | Notification Level: | High |
| Abuse/Neglect/Exploitation Suspected: | Yes | | |

General Information

Date Opened: *

Date Closed:

Status: ☒ Open ☐ Closed

Was this a critical event? ☐ Yes ☐ No

Is an investigation needed? ☐ Yes ☐ No

Abuse/Neglect/Exploitation Types

| | | |
|--|---|---|
| <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Civil Rights Violation Abuse |
| <input type="checkbox"/> Neglect By Responsible Provider | <input type="checkbox"/> Questionable Clinical Practice Neglect | <input type="checkbox"/> Social Exploitation |
| <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Financial Exploitation | <input type="checkbox"/> Emotional Exploitation |

Findings

☐ Abuse ☐ Neglect ☐ Exploitation ☐ Inconclusive ☐ Unsubstantiated ☐ Other

GER Resolution

- Fill out each section and click add. Repeat this process until information on all involved persons has been entered.

Involved Persons

Name: Royce Alger

Title: Participant

Involvement Type: Alleged Victim

Comments:

Royce explains that he was sitting in his vehicle when a participant named BK, Bryce Knotts, hopped into the car with him and demanded that Royce drive him to Omaha.

About 2833 characters left

Add

Royce Alger, Participant

Remove

Involvement Type: Alleged Victim

Comments:

Royce explains that he was sitting in his vehicle when a participant named BK, Bryce Knotts, hopped into the car with him and demanded that Royce drive him to Omaha.

Kim Smith, DSP

Remove

Involvement Type: Witness

Comments:

Kim claims that Royce called from the gas station in Sioux City where they stopped for fuel and told her that Bryce took his debit card and was getting gas and that he was making him drive all night until they got there.

Investigation Details

Investigation Narrative:

The police were contacted by Kim Smith and they put out a BOLO for the Taurus. The vehicle was pulled over just north of Omaha near the airport and according to the police report Bryce admitted to exploiting Royce and also hitting in the face and leg on multiple occasions during their excursion. When the police arrived on scene they noted that Royce's hands were duct taped to the steering wheel as Bryce said that he saw Royce call staff.

About 9556 characters left

Notes:

See Omaha Police Department report number QZY443377-D (attached).

Staff Actions:

Kim called her supervisor to inform her of the situation immediately after ending the call with police. When the OPD contacted Kim she drove to Omaha to pick him up with another staff person to drive the vehicle back as Royce was tired and shaken.

About 9751 characters left

- Complete the Investigation Details. Attachments may be made to include information which doesn't fit into the fields.

GER Resolution

- Fill Out Recommendations section or attach HR recommendations.

Recommendations

Recommended By:

Date Recommended:

Person Responsible:

Date Completed:

Recommendations:

About 2794 characters left

Add

Recommended By: Lisa Stanleyson on 04/30/2017 [Mark as Completed](#) [Remove](#)

Status: Incomplete

Person Responsible: Cory Wellis

Date Completed: 05/01/2017

Recommendations:
Cory is to assist Royce in arranging counseling services and to visit with Royce about continuing to use the same vehicle, in addition to safety procedures including pepper spray and self defense courses.

- Mark these as complete if completed at the time of submission of GER Resolution. May continue to go into the document and mark as completed on an on-going basis as a component of follow up too.

Recommended By: Lisa Stanleyson on 04/30/2017 [Remove](#)

Status: Completed. Marked By: Ashley Okroi, Administrator on 05/03/2017 04:10 PM

Person Responsible: Cory Wellis

Date Completed: 05/01/2017

Recommendations:
Cory is to assist Royce in arranging counseling services and to visit with Royce about continuing to use the same vehicle, in addition to safety procedures including pepper spray and self defense courses.

- Add supporting documents such as further images, police reports, sketches of area, etc.

Supporting Documents

The total size of all attachments cannot exceed 10 MB.

| File Name | Description | Size | Date | Attached By | Action |
|--------------------------------|---------------|----------|------------|-----------------------------|---|
| QZY443377-D Police Report.docx | Police Report | 12.37 KB | 05/03/2017 | Ashley Okroi, Administrator | Download Remove |

Total uploaded **12.37 KB** and remaining **9.99 MB**.

[Add File](#) [Scan File](#)

- In the Comments section be sure to include information that the findings have been shared with participant, guardian, or other necessary party as required and requested.

Comments

Comments:

About 2890 characters left

Add


Comment Added by: Ashley Okroi, Administrator on 05/03/2017 04:12 PM [Remove](#)


Information on police findings and substantiation were shared with Royce on 5/2/17. He is his own guardian.


[Back](#) [Save](#)



- Click Save.
- These GER Resolutions are shared with MFCU.

Injury GER Example


Profile Information [Jump to](#) 

Individual Name: Andrew Baxter
Program Name: Deadwood Day Program
Report Date: 02/08/2017 
Site Name: Deadwood Day Program
Time Zone: US/Mountain

Event Information [Jump to](#) 

Event Date: 02/08/2017 
If not at responsible program: - Please Select -  **If Other:**
Describe what happened before the event:

About 3000 characters left

Location Address
☐ Same as program address
Street 1: **Street 2:**
City: **County:**
Country: - Please Select - 
State: **ZIP:**
Phone: **Fax:**
Add Event

Please click on an event button below to add an event to this GER.

Add Event

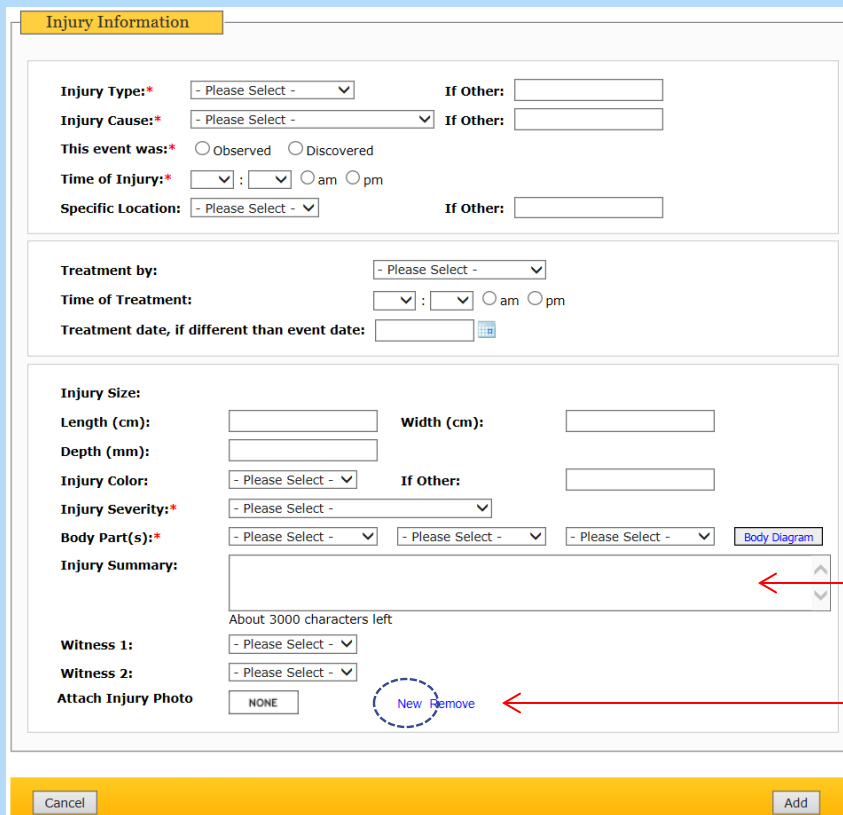
Please click on an event button below to add an event to this GER.

Injury Medication Error Restraint Related to Behavior Restraint Other Death Other

○ Select Injury

○ Enter any information/details leading up to event (i.e. Andrew was running down the hall towards his room).

Injury GER Example cont.



Injury Information

Injury Type: * **If Other:**

Injury Cause: * **If Other:**

This event was: ☐ Observed ☐ Discovered

Time of Injury: * : ☐ am ☐ pm

Specific Location: **If Other:**

Treatment by:

Time of Treatment: : ☐ am ☐ pm

Treatment date, if different than event date:

Injury Size:

Length (cm): **Width (cm):**

Depth (mm):

Injury Color: **If Other:**

Injury Severity: *

Body Part(s): * [Body Diagram](#)

Injury Summary:

About 3000 characters left

Witness 1:

Witness 2:

Attach Injury Photo [New](#) [Remove](#)

- Enter details about the event here.
- Example: Andrew was running down the hall towards his room and tripped, fell and hit his head on the door way. He started bleeding. On call nurse was called and stated he needs to go to the ER to be evaluated to see if he needs stitches. Staff Bob brought Andrew to ER. Andrew received 10 stitches to his right forehead. He was discharged at 4:00 PM, a follow up appointment was made on 3/1/17 to remove stitches.
- Add a Photo of Injury if necessary

“Other” GER



Add Event

Please click on an event button below to add an event to this GER.

[Injury](#) [Medication Error](#) [Restraint Related to Behavior](#) [Restraint Other](#) [Death](#) [Other](#)

- These are all of the options listed under “Other.”
- The following options have “Subtypes” listed after you click on the “Event Type:”
 - Altercation
 - Assault
 - Fire
 - Hospital
 - Suicide
 - Theft/Larceny Attempt
- The rest of the information must be filled out as usual (i.e. Event Summary, location, time, etc.)

Other Event Information

Event Type: Please Select -

Event Time:

This event was

Specific Location:

Event Summary:

Witness 1:

Witness 2:

If Other:

If Other:

Cancel **Update**

Accident no apparent injury
Alcohol/Drug Abuse
Altercation
Assault
AWOL/Missing Person
Behavioral Issue
Change of Condition
Complaint and/or Possible Litigation
Contraband
Exploitation
Fall Without Injury
Fire
Hospital
Law Enforcement Involvement
Out of Home Placement
Possible Criminal Activity/Misconduct
Potential Incident/Near Miss
PRN Psychotropic Use
Property Damage
Security Breach
Sensitive Situation
Serious Illness
Suicide
Theft/Larceny Attempt
Threatening Behavior
Other

Other GER cont.

Other Event Information

Event Type *

- ☐ Accident no apparent injury
- ☐ Alcohol/Drug Abuse
- ☐ AWOL/Missing Person
- ☐ Possible Criminal Activity/Misconduct
- ☐ Exploitation
- ☐ Law Enforcement Involvement
- ☐ Property Damage
- ☐ Sensitive Situation
- ☐ Serious Illness
- ☐ Potential Incident/Near Miss

Event Subtype *

- ☒ Altercation
 - ☐ Staff
 - ☐ Individual
 - ☐ Other

Event Subtype *

- ☒ Assault
 - ☐ Aggressor
 - ☐ Victim

Event Subtype *

- ☒ Fire
 - ☐ Attempted/Caused by Individual
 - ☐ Minor/Smoke
 - ☐ Accidental/Cause Unknown
 - ☐ False Alarm/Equipment Failure
 - ☐ False Alarm/Caused by Individual

Event Subtype *

- ☒ Hospital
 - ☐ Admission
 - ☐ ER w/o admission

Event Subtype *

- ☒ Suicide
 - ☐ Attempt
 - ☐ Threat

Event Subtype *

- ☒ Theft/Larceny Attempt
 - ☐ Perpetrator
 - ☐ Victim

- The listed “Subtype” will pop up if it is required. These include Altercation, Assault, Fire, Hospital, Suicide, Theft/Larceny Attempt.

Other GER cont.



Other Event Information

Event Type: If Other:

Event Subtype:
Admission
ER w/o admission

Event Time: : ☐ am ☐ pm

This event was: ☐ Observed ☐ Discovered

Specific Location: If Other:

Event Summary:
3000 characters left

Witness 1:

Witness 2:

- If a “Subtype” is required, this is an example of what it would look like under “Hospital.” Select Admission or ER without admission. Continue filling out the rest of the information as usual. The more details, the better.

****NEW**** **ALL** unplanned hospitalizations must be reported and a CIR must be submitted.

Medication Error GER



- Medication Errors are considered Critical Incident Reports when the error results in:
 - ✦ Emergency medical treatment
 - ✦ Hospitalization
 - ✦ Death
- ✦ These need to be marked as “**High**” notification level in order for DDD staff to review med errors.

Medication Error GER

Add Event

Please click on an event button below to add an event to this GER.

Injury **Medication Error** **Restraint Related to Behavior** **Restraint Other** **Death** **Other**

Medication Error Information

Medication Error Type: * Please Select -
Charting Error
Omission
Order Expired
Transcription Wrong Dose
Transcription Wrong Individual
Transcription Wrong Medication
Transcription Omission
Transcription Wrong Route
Transcription Wrong Time
Wrong Dose
Wrong Individual
Wrong Medication
Wrong Route
Wrong Time
Other

Error Discovered Date: *

Person(s) Responsible:

If Other:

Severity:

Severity is in Ascending Order (10 is the highest level).

Errors

Medication: As Ordered

Name: **Look Up**

Strength: **Strength Unit:**

Give Amount / Quantity: **Measurement Unit:**

Frequency:

Route: - Please Select - **If Other:**

Time: : ☐ am ☐ pm **Copy to As Given**

Medication: As Given

Name:

Strength: **Strength Unit:**

Give Amount / Quantity: **Measurement Unit:**

Frequency:

Route: - Please Select - **If Other:**

Time: : ☐ am ☐ pm

- Select Med Error Type from List.
- Select Person(s) Responsible from list provided.
- Name of medication by clicking "Look Up." This gives you the ordered medication on the MAR.
- Provide detailed information regarding the actual medication that was given in error.

Medication Error GER cont.

First Error Date* **Last Error Date*** **Total Errors:***

Time of Initial Error: : ☐ am ☐ pm

| Medications | Name | Strength | Give Amount / Quantity | Freq | Route | Time | First Date Last Date | Total | Remove |
|--|------|----------|------------------------|------|-------|------|----------------------|-------|--------|
| <input type="button" value="Remove Error(s)"/> | | | | | | | | | |

Reason for error

Cause Of Error:* **If Other:**

Reason/Explanation for error:
About 3000 characters left

Medical Attention Required:*

Prescriber Notification

Prescriber Notified?: ☐ Yes ☐ No **Name:**

Date: **Time:** : ☐ am ☐ pm

Witness 1: **Witness 2:**

If only one error was made, enter that date and total errors (1). If this occurred over a span of multiple days, please provide those dates and total errors to reflect that (i.e. if a person missed 4 days of a medication, the total errors would be 4) .

- Please Select -
Forgot to Send to Program
Forgot to Take on Activity
Medication Refused
Medication not Available
Omission Unavoidable
Pharmacy Error
Staff Action/Inaction
Other

Please provide a detailed description of the reason/explanation for the error.

- Please Select -
Consult with Nurse
Consult with Physician
Consult with Emergency Room
Consult with Poison Control Center
Immediate Physician's Visit
Immediate Emergency Room Visit
Observe and Report Only
None

Death GER



Add Event

Please click on an event button below to add an event to this GER.

[Injury](#) [Medication Error](#) [Restraint Related to Behavior](#) [Restraint Other](#) [Death](#) [Other](#)

- Select "Death" under "Add Event"

Time of Death: *
[v] : [v] ☐ am ☐ pm
☐ Unknown

Cause of Death: *
[v] Please Select -
Accident
Homicide/Violence
Natural/Expected
Sudden/Unexpected
Suicide
Unknown
Other
If Other: [text box]
If Other: [text box]

Specific Location:

Date of last medical exam:

Death determined by (Physician/Specialist): *
[v] If Other: [text box]

Autopsy consent:
☐ Yes ☐ No

Name of person requesting consent: [v] Please Select -

If Other: [text box]

Name of person asked to consent: [v] Please Select - **If Other:** [text box]

Name of person denied to consent: [v] Please Select - **If Other:** [text box]

Did the Medical Examiner / Coroner request it?: ☐ Yes ☐ No

Autopsy Date: [text box] [calendar icon]

Comments:
[text area]
About 3000 characters left

Witness 1: [v] Please Select -

Witness 2: [v] Please Select -

- All asterisked areas are required
- When selecting "Cause of death," these are the options that will pull up.
- When selecting "Death determined by," this will pull up a list of the participants current physicians. If this occurred in a hospital, please list the physician's name if available under "Other."
- Fill out rest of information in detail.

Restraint Related to Behavior



Restraint Related to Behavior Event

Begin Time:*

⌵ : ⌵ ⓪ am ⓪ pm

End Time:*

⌵ : ⌵ ⓪ am ⓪ pm

End Date:*

02/23/2017 📅

Status:*

☐ Emergency
☐ Approved by Program Review or Human Rights Committee (PRC/HRC)

Injury caused by Restraint?:*

☐ Yes ☐ No

Monitoring, at least every 30 mins?:*

☐ Yes ☐ No

Exercise, at least 10 mins every hour?:*

☐ Yes ☐ No

Enter all information in Restraint Related to Behavior. This GER Type is only to be used when a Physical Restraint.

DO NOT use Witness portions of the Restraint Related to Behavior GER.

Default Restraint Types appear in the GER. These can be modified to suit your organization.

As a provider, you can choose the Restraint List populated on the GER specific to the intervention curriculum you follow.

From the Admin tab on your Dashboard, scroll down to the "Care" Section of the page. Next to "Behavior Plan" (BP is linked to GER) you'll see a blue hyperlink entitled "Restraint List; click on that.

You'll then find a list of the most used Behavior Crisis Programs. Click on the radio button next to the one you use at your agency. There are 21 across two pages. Once you've selected, click **Save**.

Restraint Types:

- ☐ 1 Arm Standing Restraint
- ☐ 1 Arm Support
- ☐ 1 Person Body Hug
- ☐ 2 Arm Standing Restraint
- ☐ 2 Arm Support
- ☐ 2 Person Body Hug
- ☐ Bite release
- ☐ Body Positioning
- ☐ Clothing Release
- ☐ Finger Release
- ☐ Hair Release
- ☐ Walk With Accompany
- ☐ Wrist Release

Restraint Other



Restraint Other Information

Restraint Type: * - Please Select -
Chemical
Mechanical
Physical
Other

If Other:

Begin Time: * ☐ am ☐ pm

End Time: * : ☐ am ☐ pm

End Date:

Specific Location: - Please Select -

If Other:

Restraint Summary:
About 3000 characters left

Witness 1: Please Select

Witness 2: Please Select

Restraint Other should be used for all other types of restraints.

DO NOT use Witness portions of the Restraint Other GER.

In this portion of the GER, be sure to include information as to whether the restraint is in the person's plan and if so, why it is reportable (such as done incorrectly or utilized beyond approved duration of time.

Time Out would be included in this type of GER.

If deprivation of nutrition, aversive conditioning, corporal punishment, or other prohibited method of behavior intervention is utilized, be sure to include ANE information under Civil Rights Violation.

Deleting & Re-entering GERs



- If there is not enough information provided within the GER, the Program Specialist may request a GER be deleted and re-entered
- If the wrong category is selected, the GER must be deleted and re-entered with the appropriate category given
- If the wrong dates are entered, the GER must be deleted and re-entered.

Admissions to Behavioral Health Facilities (Regional West, HSC, SDDC, etc.)



Other Event Information

Event Type:* Hospital **If Other:**

Event Subtype:* Admission

Event Time:* 01 : 00 ☒ am ☐ pm

This event was: ☒ Observed ☐ Discovered

Specific Location: Other ← **If Other:** ←

Event Summary: Bob indicated he had suicidal ideations and had a plan in place. He was taken to ER where he was evaluated and it was decided Bob would be admitted to HSC.
About 2845 characters left

Witness 1: - Please Select -

Witness 2: - Please Select -

Cancel

Add

Therap Support New GER



- <https://support.therapservices.net/documentation/individual-supports/generaleventreports/create-new-ger/>
- <https://www.therapservices.net/resources/southdakota/SD-incident-mapping.pdf>
- <https://www.therapservices.net/resources/southdakota/CIRTrainingTherapNotes.pdf>
- <https://support.therapservices.net/therap-offline-forms/#OfflineForms-GeneralEventReports> Or
- <https://support.therapservices.net/attachments/2687025/GER-Offline-forms.zip>